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ABSTRACT

This document provides an introduction to supervision as a psychodynamic psychotherapy training method. The theoretical orientation of supervisor and supervisee, as well as the style of the supervisor are reviewed. The concept of parallel process in supervision and its importance for parallels between psychodynamic therapy and psychodynamic supervision are explained. A comprehensive review is provided of the theoretical constructs and of some empirical studies regarding the existence of parallel process in supervision. It points out that supervision and dynamic psychotherapy are helping processes, which require the involvement of the self and rely heavily on a multiple identificatory process to achieve effectiveness. Recommendations are provided for the facilitative application of the parallel process in supervision of therapists. The role of supervision as a risk management tool is emphasized. Further research into the effectiveness of supervision is necessary and should be accompanied by the development of appropriate supervisory programs to raise awareness of the problems that arise during the supervision process. (JDM)

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Psychodynamic Supervision - Improvement of Clinical Practice or Risk Management Tool

Manuela H. Habicht

ABSTRACT

An introduction to supervision as a psychodynamic psychotherapy training method is provided. It is pointed out that outcomes in psychodynamic supervision and their influences on clinician practice are dependent on a number of variables. Theoretical orientation of supervisor and supervisee as well as the style of the supervisor are some aspects that are reviewed in detail. As part of the working alliance the concept of parallel process in supervision and its importance for parallels between psychodynamic therapy and psychodynamic supervision is discussed. A definition of parallel process is provided. It is followed by a comprehensive review of the theoretical constructs and some empirical studies regarding the existence of parallel process in supervision. It is pointed out that supervision and dynamic psychotherapy are helping processes, which require the involvement of the self and rely heavily on multiple identificatory processes to achieve effectiveness (Gediman & Wolkenfeld, 1980). Recommendations for the facilitative application of the parallel process in supervision of therapists are provided. The role of supervision as a risk management tool is emphasized and it is concluded that further research into the effectiveness of supervision is necessary and should be accompanied by the development of appropriate supervisory programs to raise awareness for the problems that arise during the supervision process.

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1. Introduction

Supervision is a psychotherapy training method that has long been regarded as a key means, but is also considered critical by educators, trainers and professional regulatory bodies (Gordon, 1996; Greben & Rusking, 1994; Haber, 1996; Holloway, 1995, Jacobs, David & Meyer, 1995; Lane, 1990). Holloway & Neufeldt (1995) stated that the aim of supervision is to establish an individual's fitness to become a full-fledged member of the profession.

Both pre- and postdoctoral supervised practice is required by the American Psychological Association accreditation standards and for licensure as a psychologist in most States (American Psychological Association, 1986). In Australia individuals have to possess a 4-year degree that is accredited by the Australian Psychological Society as well as a 2 year supervised period to receive full registration with the Psychologists Board in all States. Recent changes made it necessary to possess a 6-year degree to obtain memberships with the Australian Psychological Society.

In the United States there are elaborate procedures established by these regulatory bodies to determine the individuals who are qualified to do supervision. In contrast to these procedures, Australian psychologists are only required to have one year experience after having finished their own supervision period to become a supervisor.

Limited research has been done so far relating supervision variables to supervisee functioning (cf Holloway, 1992; Russell et al., 1984) or to client outcome. One of the points that is addressed in this paper is the hypothesis that although supervision is an enduring component both of psychotherapy training and, in many cases, of ongoing psychotherapy practice, there is little or no evidence that it results in improved clinician practice.

It is also important to point out that the field of professional psychology is currently experiencing a resurgence of interest in how one ongoing clinical process, the supervision of a therapist, can affect and be reflected in another ongoing clinical process, the psychotherapy of a client. Supervisors and therapists have informally recognised that the quality of the working relationship that evolves between them is an important requisite in learning how to do psychodynamic therapy. The qualities of the effective supervisor, essentially, are the very same ones that have been discussed in the literature concerning effective therapist characteristics, i.e., empathy, warmth and genuineness (Truax & Carkhuff, 1967: Weiner 1975). An atmosphere of safety is needed to effectively learn dynamic psychotherapy.

Fromm-Reichmann (1950) emphasized how important it is for the therapist not to humiliate patients in any manner. This same situation applies to the supervisory relationship. The supervisee must feel free to raise questions, make mistakes, take risks, and express himself/herself openly, without feeling the supervisor as being overly critical. The second emphasis of this paper is to explore the parallels between psychodynamic therapy and psychodynamic supervision as well as the benefits and problems associated with these parallels.

It is widely acknowledged that parallel process exists in psychodynamic therapy and psychodynamic supervision (Doehrman, 19767: Lanning, 1971; Ledick & Benard, 1980; Loganbill, Hardy & Delworth, 1982, Stoltenberg & Delworth, 1987; Raichelson et al., 1997). Parallel process occurs when the therapist "unconsciously identifies with the patient and involuntarily behaves in such a manner as to elicit in the supervisor those very emotions which he himself experienced while working with the patient but was unable to convey verbally" (Hora, 1957, p. 770). Deering (1994) described that parallel process can also work in the opposite direction when aspects of the

supervisory relationship are mirrored in patient-therapist transference. Once the parallel process can be recognized, the next step is to intervene.

Rachelson et al. (1997) reported that parallel process is applicable to and identified by orientations other than psychodynamic, suggesting that this construct is not viewed as solely limited to aspects of transference and countertransference. However, the findings that participants in psychodynamic supervision report a greater awareness of parallel process within supervision and utilize such intervention more frequently than nonpsychodynamic participants, reflect the traditional psychoanalytic origins of the construct of parallel process (Rachelson et al., 1997).

2. Outcomes in Supervision

Outcomes in supervision and their influences on clinician practice are dependent on a number of variables. There is evidence for the need to research supervision outcome and investigate the relationship between supervision and therapy outcome (Watkins, 1998). The paper will show linkages among factors within supervision as well as between supervision and psychotherapy.

Supervision can also be aimed at risk management, which does not necessarily result in an improvement of clinician's practice.

2.1. Theoretical Orientation

Included in perceptions among supervisors and supervisees is that during supervision the supervisor usually adheres to one of the following models:

1. a skill development, personal growth, or relationship model,

2. a consultant, therapist, or teacher role, or

3. he/she has a focus on counselling skills, the supervisee as a person, or conceptualization of the client (Putney, Worthington & McCullough, 1992).

Personal experiences of the author have shown that these models, roles and foci are not mutually exclusive, but that it is likely that supervisors favor models, roles, and foci that are consistent with their theories of counselling.

Putney et al. (1992) assumed that supervisors' styles are relatively fixed and that supervisors may not easily modify their supervisory styles to match perceived needs of their supervisees. Supervisees perceive their supervision as more or less effective to the degree that the supervisor (a) works within the content of the supervisee's theory and (b) uses a method and content that matches the supervisee's (Putney et al. 1992).

It is the experience of the author that psychodynamic supervisors act more in line with Hart's (1982) relationship model than do their cognitive-behavioural focused colleagues. It is assumed from experience that a psychodynamic supervisor focuses more on personal aspects of the supervisee and tends to be more interpersonally sensitive and less task oriented than a cognitive-behavioural supervisor. The orientation on personal aspects of the supervisee might be viewed as threatening by him or her if he/she has chosen psychodynamic training as the initial approach and has not undergone intervention as a client as a previous part of training. Unresolved personal difficulties might interfere with the ability to engage actively in supervision and might therefore influence the clinician's outcome.

Putney, Worthington & McCullough (1992) support the author's personal experience and found that perceived theoretical similarity and theoretical match between supervisor and supervisee predict effectiveness, i.e. the extent to which supervision increases the supervisee's ability to be a competent therapist. However the research has to be viewed critically because effectiveness measures are based on supervisees statements rather than on supervisors opinions or measured client outcome.

2.2. The working alliance

The working alliance has emerged as a central construct in psychodynamic theory and practice (cf. Gelso & Carter, 1994). It is the basic grounding on which all other psychodynamic techniques rest (Bordin, 1994). A similar conceptualization is emerging in the supervision literature (Efstation et al. 1990). During the counselling and supervision sessions, the working alliance is the aspect of the overall relationship between the participants that is likely to be most affected by enduring or dispositional characteristics of the participants. For example, if a therapist is experiencing

difficulties in establishing a working alliance with his or her client these difficulties are likely to be replicated in establishing and maintaining alliance with his or her supervisor. As the supervisor resolves the alliance difficulties in supervision, the trainee is able to adopt the conceptual understandings to address alliance difficulties in the therapist-client relationship. From past experiences it is viewed as important by the author that the supervisor creates an atmosphere in the working alliance that makes it possible for the supervisee to indicate areas of uncertainty or confusion without feeling anxious about admitting to a lack of knowledge or being seen by the supervisor to be of "lesser value". The author was able to notice at the beginning of psychodynamic interventions that when these issues were resolved the working alliance between therapist and client improved significantly.

Tracey & Ray (1984) described complementarity as the key aspect of behavioral interaction and associated successful outcome with a three-stage interaction characterized by high levels of complementarity in the initial and end stages and a middle stage of low complementarity.

It seems to be important for a sound working relationship that the supervisor adapts his or her behavior to "fit" or complement the behavior of the trainee. During the middle stages the supervisor attempts to get the trainee to adopt some new behaviors while the trainee resists, resulting in low complementarity. In the final stage complementarity should increase when the trainee begins to expand his or her behavioral repertoire.

Tracey (1993) pointed out that complementary interactions are assumed to be satisfactory to both participants, whereas anticomplementary interactions, characterized by similarity on the power dimension but difference on the affiliation dimension, are viewed as being aversive and indicative of dissatisfaction.

From the point of view of being a supervisor the author's first supervisee was a trainee who has already undergone 6 months of supervision. When difficulties that the supervisee had experienced in the previous supervision relationship were discussed, the trainee claimed that he felt extremely criticized and at times humiliated. These statement seemed to be in accordance with findings by Koslowska et al. (1997) who claimed that 40% to 60% of trainees are reported to have experienced educational or emotional neglect, severe criticism, or humiliation from supervisors. On the other hand Clarke (1997) describes that feelings such as envy or competitiveness, or other transactional reactions might also negatively influence supervision in psychiatry.

The importance of developing a positive supervisory alliance with the supervisee can not be overemphasized. Bambling (2000) pointed out that the quality of the supervisory alliance relates to the supervisee's ownership of the supervision process, the capacity to learn skills and the preparedness to collaborate with the supervisor in the tasks and goals of supervision. Arguably the most important reason to develop a positive supervisory alliance in that the supervisee's perception of the supervisory alliance directly relates to the client's perception of the counselling process. Importantly, it is the supervisee's perception of the quality of the supervisory alliance, not the supervisors (although important) that defines the relationship. If the supervisee perceives a positive supervisory alliance this tends to be paralleled in therapy. The following chapter will therefore introduce the concept of parallel process as used in psychodynamic supervision and psychotherapy.

2.3. The concept of parallel process in supervision

Loganbill et al. (1982) and Stoltenberg & Delworth (1987) defined the parallel process in the supervisory relationship as a process in which one ascertains in supervision certain vestiges of the relationship between the supervisee and his or her client.

The idea of the parallel process in supervision originated from the psychoanalytic concept of transference and was to some extent already discussed in the previous chapter. It was observed that the transference of the therapists and the countertransference of the supervisor appeared to parallel what was happening in the therapy session between client and therapist.

The author concludes from previous experiences that a new trainee is unlikely to be able to achieve insight into the transference-countertransference bind in supervision and is more likely to terminate his/her training. It is therefore very important that the transference-countertransference bind is attended to and resolved so that neither the supervisory nor the therapeutic process will suffer.

Although the use of parallel process in supervision is supported by Doehrmann (1976) and Martin et al. (1987) and students at more advanced levels demonstrate a readiness to deal with more personal issues in supervision, supervisors may be reluctant to discuss these issues in supervision for fear of placing themselves in an ethical dilemma concerning the dual role as supervisor and personal therapist for the trainee. This results in a conflicting dual-role relationship prohibited by the Ethical Principles of Psychologists (American Psychological Association, 1981).

McNeill & Worthen (1989) concluded in the above context that the timing of parallel process or relationship interventions in supervision can dictate their effectiveness and improve clinician practice.

2.3.1. Similarities between psychodynamic therapy and psychodynamic supervision

There are structural and dynamic similarities between psychodynamic therapy and supervision, which link client, therapist, and supervisor. Gediman & Wolkenfeld (1980) pointed out that these shared dynamics pursuant to and convergent with the structural similarities provide fertile soil for the inevitable emergence of parallelisms. There are many structural and dynamic features that overlap indifferent ways, but an attempt will be made to highlight the following:

1. Supervision and dynamic psychotherapy are helping processes
2. Supervision and dynamic psychotherapy require the involvement of the self
3. Supervision and dynamic psychotherapy rely heavily on multiple identificatory processes to achieve effectiveness (Gediman & Wolkenfeld, 1980)

2.3.2. Supervision and dynamic psychotherapy are helping processes

One of the structural features identified by Gediman and Wolkenfeld (1980) that is most important for the understanding of parallel process is the helping process. The need for help places the client as well as the therapist in a subordinate position that is similar to the parent-child relationship. This might lead to tensions in any giving-receiving situation, triggering drive derivatives from any psychosexual stage of development. Psychodynamic therapy as well as psychodynamic supervision is characterized by struggles over the wish for authoritative guidance and anxiety over the influence.

Conflicts surrounding the need for help that are shared by both the therapist as well as the supervisor are also of importance. The "backtrack interpretation" is an example of one of these conflicts. The author recalls that a psychodynamic client has revealed a dream during one of his early sessions. The author used free association to assist in the dream interpretation. When the dream was discussed with the supervisor, the author gained a deep understanding of its meaning. During her next session, she searched for an opportunity to share the recently gained insight with her client, even though significant time has passed since the last session. The author was waiting for some peripheral remark from the client so she could say, "I wonder if you still remember the dream that you talked about in the last session. I have been thinking about it, you know the one about ... and it occurred to me that ...". It clearly demonstrates the backtracking because there was no real relevance for the interpretation to be given at the time. This interpretation might have had its roots in an attempt to impress the client or demonstrate a sense of adequacy.

When the helping process is at least temporarily discontinued because the client has missed a session, supervisees often cancel supervision because they "have nothing to discuss since they did not see the patient." Ironically, this may be an important time to meet for supervision to identify what may be causing the missed sessions and to prevent premature termination. If, by cancelling supervisory sessions, the supervisee experiences a relief that the case has been avoided for another week, this is a good sign that the resistance has spread to the supervisory dyad in a parallel process (Deering, 1994).

2.3.3. Supervision and dynamic psychotherapy require the involvement of the self

Self-exposure is an integral and absolute requirement for both psychodynamic intervention as well as supervision (Gediman & Wolkenfeld, 1980). It generates narcissistic concerns and issues relating to the maintenance of the integrity of the work-ego on the part of the client, therapist and supervisor. The extent of the exposure of the self differs from client to therapist to supervisor and influences the degree of narcissistic vulnerability. The need for *approval* can be seen in the supervisee as well as the supervisor. After a psychodynamic session the supervisor shared his opinion with the author that there was not much work done in the session. The author recalls that the client asked two questions in the following session that were representative for the need of *approval* as well. In both cases the client was interested in whether he had made the right decision. The author then received *approval* from the supervisor, which led the client to refrain from seeking the same within the next session.

The dynamic process is also similar in both relationships. The therapist (novice) should be transformed into what Isakower (1957) calls an "analysing instrument". The supervisory process as well as the psychodynamic intervention process share the following critical objectives: the capacity for independent learning, the use of the unconscious, the freedom to attend in a relaxed fashion and the tolerance for ambiguity. The author recalls that it was her initial impression that it took "too long" for the client to obtain insight when she compared the process with cognitive behavioural therapy. By finding it difficult to tolerate the ambiguity and even temporary confusion as a result of particular insecurity of her position, she paralleled her client's needs for premature knowledge as a defense against the process.

2.3.4. Supervision and dynamic psychotherapy rely heavily on multiple identificatory processes to achieve effectiveness

Gedimann & Wolkenfeld (1980) pointed out that another essential mechanism of parallel process is identification as represented through the working/supervisory alliance as well as empathy. Schafer (1983) pointed out that the client has to identify with the "analytic attitude" for the relationship to be able to sustain through numerous emotional turmoils and negative transference reactions. Fleming & Benedek (1966) pointed out that the therapeutic alliance is very similar to the working alliance because there is a need to achieve a truly collaborative effort that requires an identification and internalisation of the supervisor's analytic attitude.

The author refers to an experience in which she acted in a capacity as a supervisor. Her supervisee had two months of practical experience and reported that she wasn't getting anywhere with the client using a cognitive behavioural approach. She stated that the client would only do parts of his homework and that he would make statements such as "I can never get it right. It's never good enough.". When we discussed the parallel process it appeared as if the supervisee experienced the guidance and criticism provided by the author as if she wasn't a good enough therapist in the same way as the client perceived her explanations and prompting about the homework as if "he wasn't a good enough client". These feelings were addressed with the supervisee and had a significant effect on the improvement of the supervisory alliance in the same way as the therapist was able to address these alliance issues with the client. The supervisee returned after two sessions with the client indicating that compliance had increased and the working alliance had improved. Despite the question whether supervision improves clinician's practice, has an impact on the working alliance or is used as a means for further skill development,

most practitioners agree that supervision plays an important role in risk minimization as discussed in the following chapter.

2.4. Risk Management

Supervision is clearly a part of effective risk management in clinical practice (Walker & Clark, 1999). In this role supervision might not necessarily influence therapeutic outcome, but plays a role in adherence to professional and ethical conduct. Walker & Clark (1999) pointed out that clinician's practice can therefore improve when supervision focuses on the following four major principles:

First, the supervision should be continuous and of varying intensity, based on factors such as the clinician's caseload.

Second, the supervision should be sensitive to the supervisee's personal situation.

Third, the supervisor must pay attention to the details of the supervisee's cases and the interactions between clinician and client.

And forth, the supervisory interaction should incorporate guided exploration rather than cross-examination.

Problems in Australia include the lack of supervisory programs, the small number of supervision manuals available, and the fact that guidelines that determine what should be covered in supervision for registration are missing apart from individual supervision contracts. Because of these problems some of the major principles listed above are disregarded, which leads to the assumption that clinician's practice is put at risk.

3. Summary and Recommendations

First, most of the studies reviewed have relied on the supervisee as the primary judge of supervision effectiveness. However this approach has it's limitations. During the early stages of training it seems to be difficult for the learner to define what he/she needs to know.

In an attempt to improve therapy outcome, training manuals have been developed and have become an essential part of at least cognitive-behavioural training. However teaching tools and techniques do not enable the supervisee to "pull the case together". This trend has to be viewed critically because these manuals might be useful for skill development but are used to subsidize interactive supervision, which might have an influence on clinician's outcome.

Unlike training manuals for therapists, there is no research on standardized and empirically validated training programs for supervisors and only a small number of supervision manuals is known to have been developed (Neufeldt, Iversen & Juntunen, 1993).

Second, the lack of attention in the development of supervisory programs might be a result of the assumption made from the early days of therapy training in which it was assumed that a trained therapist is a good supervisor. A trained therapist is not necessarily a good therapist and his or her expertise might have been influenced by his/her experience of supervision. It can be concluded from experience that a good therapist can be a good supervisor, but it needs more than the essential therapeutic skills to provide good supervision.

Apart from limitations in research Watkins (1998) has identified that there is a need for training in how to supervise. He stated that "We would never dream of turning (unsupervised) untrained therapists loose on needy patients, so why turn untrained

supervisors loose on the untrained therapists who help those needy patients?" (Watkins, 1997, p. 604).

Third, another reason for limited influence of supervision on the improvement of clinical practice was given by Robenhauser (1997), who noted that the date of the last set of American Psychiatric Standards for supervisors was 1957 and the American Psychological Association Division of Psychotherapy last addressed any such standards in 1971. It is obvious that standards that are not adapted to the changing needs in these relationships are unlikely to result in improved clinical practice and a review of these standards on a regular basis should be made mandatory.

Despite the previously mentioned characteristics the perceived theoretical similarity and theoretical match between supervisor and supervisee plays the major role in predicting client outcome.

The establishment of a working alliance with complementarity as well as the supervisee's insight into the transference-countertransference bind in supervision can be seen as the central construct in psychodynamic therapy and is seen as having a significant influence on therapy outcome. That leaves us with the conclusion that parallel process has its origin in the psychoanalytic concept of transference. Therapists and supervisors involved in supervision observed that the transference of the therapist and the countertransference of the supervisor within the supervisory session appeared to parallel what was happening in therapy. The first step in resolving parallel process is to recognize when it occurs. It is important to distinguish between parallel process in supervision and countertransference reactions particular to the trainee. The supervisee's therapist should deal with the latter. Once the parallels are identified, it may not be necessary to confront the process if the supervisor can handle it skillfully and promote unconscious resolution of the problem, which may be

the preferred option if the supervisory relationship is new and uncertain, or there is a high level of defensiveness. If there is a solid alliance between the supervisor and the supervisee direct confrontation of the parallel process usually works well. It may take the form of the supervisor describing his or her own experience with the process and then asking something like "I wonder whether there is anything like that going on between you and the client?" Recognition of parallel process is experiential in nature and can therefore be a powerful learning experience. The recognition of the parallel process often carries a strong affective charge when it suddenly makes conscious a troublesome unconscious process. However it can also enhance the empathy of both supervisor and supervisee. The supervisor might have a more vivid grasp of the supervisee's struggle, and the supervisee has gained a deeper understanding of the client's experience

It can be concluded that there is a tremendous amount of overlap between supervision and psychotherapy, despite substantial agreement (Doehrmann, 1976; Ekstein & Wallerstein, 1972; Kaiser, 1992; Liddle, 1988) that supervision is not psychotherapy. Difficulties might only arise when the supervisor tries to integrate a supervisee's personal experience with his or her therapeutic style. It is at this time that the ambiguity between supervision and psychotherapy is at its greatest. The primary guiding principle for distinguishing similarities and differences between the two is that the goals, purpose and intent of psychotherapy and supervision are different, although as outlined above some of the same methodology may apply.

It can further be concluded that research needs to be conducted to link supervisee's and supervisor's perceptions of their relationship with client's perception about outcome, so that more research-based statements can be made about how effectiveness of supervision influences clinician's outcome. It seemed to be also

necessary to review rules and regulations concerning supervision and develop appropriate supervisory programs to raise an awareness for the problems that arise during the supervision process.

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